Do not use this space.

25503

AUG 28 1933

1. PLACE OF DEATH

County _Adair_

Township _Wilson_

City .... (No. ....)

Registration District No. ....

Primary Registration District No. _5_

File No. ....

Registered No. ....

.... St. .... Ward)

2. FULL NAME _William Dudgeon_

(a) Residence, No. .... St., ... Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred   yrs.   mos.   ds.   How long in U. S., if of foreign birth?   yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

2

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Aug 2_ , 19_33_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF _Martha Dudgeon_

22.   I HEREBY CERTIFY, That I attended deceased from
June 16 , 19_33_, to _Aug. 2_ , 19_33_
I last saw him alive on _Aug. 2_ , 19_33_ Death is said
to have occurred on the date stated above, at _10:15 P._ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _July 21 - 1862_

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ......min.
	71		12	

Date of onset

Chronic Myocarditis L.K.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Farmer_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:
Diseased arteries + Hypertension

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) _Mo_

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy?

13. NAME _Thomas Dudgeon_

14. BIRTHPLACE (CITY OR TOWN) _South Carol_
(STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the follo...
Accident, suicide, or homicide? .... Date of injury ......

15. MAIDEN NAME _Elizabeth Winston_

Where did injury occur? ....
(Specify city or town, county, and Sta...

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) _South Carol_

Specify whether injury occurred in industry, in home, or in public place...

17. INFORMANT _Pearl Dudgeon_
(ADDRESS) _LaPlata, Mo_

Manner of injury ....
Nature of injury ....

18. BURIAL, CREMATION, OR REMOVAL
PLACE _LaPlata_ DATE _Aug 4_ 19_33_

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

19. UNDERTAKER _D. Christie_
(ADDRESS) _LaPlata Mo_

(Signed) _C. H. Brown_ , M. D.

20. FILED _Aug 8_ 1933 _M. C._

(Address) _LaPlata Mo._